Iowa Individual Income Tax Short Form

IA 1040A 2008

For full-year lowa residents only.

| our last name | spaces. You MUST fill in your Social Security Number. Your first name/middle initial | | <u> </u> | Check this box if you or your spouse were 65 or older as of 12/31/08. | | |
|---|---|--|-------------------------------------|---|---|--|
| | | | Your Social Secu | ırity Number • | Spouse Social Security Number | |
| Spouse's last name | Spouse's firs | t name/middle initial | Are your name, | vour spouse's | Residence on 12/31/08 | |
| Current mailing address (r | number and street, apartment, lot or s | uite number) or PO Box | name, if applica address the say | ble, and your | County No. SchoolDistrict No. | |
| City, State, ZIP | | | | | exemption is claimed in Step 3 | |
| | | | How many h | ave health care cov | verage? • | |
| STEP 2: Filing S | tatus: Mark one box only | <i>j</i> . | How many o | o not have health c | are coverage? | |
| 1 Single: Were | you claimed as a dependent | on another person's lowa re | turn? YES N |) A | | |
| 2 Married filing | | | | | | |
| | | If qualifying person is not cla | imed as a dependent | on this return, | | |
| 6 Qualifying wid | ow(er) with dependent child. | SSN here. Name: | | | SSN: | |
| STEP 3 | YOU a. Personal Credit: | Enter 1 (Enter 2 if filing joint or he | ead of household) | × | \$ 40 = \$ | |
| | spouse if b. Enter 1 for each pe | rson who is 65 or older and/or 1 fo | | | | |
| Credits | na iointiv) | er 1 for each dependent | | | | |
| | | of dependents here: | | | e. TOTAL \$ | |
| OTT 14 TO 1 | | | | | 4 | |
| - | | | | | 10 20 | |
| | | | | | 3(| |
| your 4 Not in | | | | | .4. A | |
| | | | | | .5. A 0 | |
| | | | | | 60 | |
| | | a) Federal tax withheld | | | | |
| 7. 1 6461 | | | | | 7(| |
| 8. Incom | | | | | 80 | |
| | | | | | 9. 🛦(| |
| | | | | | 10(| |
| Figure 11 BALA | · | | | | | |
| your | | | | | 12. ▲ (| |
| , | | | | | 13. 🛦(| |
| and14. State | Fairgrounds Renovation Co | ntribution. \$1 or more helps r | enovate the fairgroun | ds 1 | 14. 🛦(| |
| checkoff contri- 15. Volur | nteer Firefighters/Veterans Ti | ust Fund. \$1 or more shared | by two organizations | | 15. 🛦(| |
| | | re | | | | |
| | | lines 11 through 16 | | | | |
| A | | x 17 of your W-2 form(s) | | | | |
| e e | | | | | 19. 🛦(| |
| | • | | | | 20(| |
| | | | | | 21. 🛦(| |
| | | Processing, Hoover State | | | | |
| your 22. If line | 20 is less than line 17, subtr | act line 20 from line 17. This is | s the AMOUNT OF TAX | YOU OWE 2 | 22. 🛦(| |
| erefund 23. Pena | Ity. See back of the IA 1040 | / payment voucher | | 2 | 23. 🛦0 | |
| amount 24. Intere | est. See back of the IA 1040 | / payment voucher | | 2 | 24. 🛦(| |
| > | | | | | 25. 🛦0 | |
| ePay at www.s | | easurer, State of Iowa / Mail to I | owa Income Tax Proce | ssing, PO Box 91 | 187, Des Moines IA 50306-9187 | |
| the amount of t | oes not increase \$1.50 to Rep ax you owe or \$1.50 to Den | nocratic Party \$1.5 | 50 to Republican Party | an IA 1040 booklet This option is r | not available 0. Yes | |
| | e), the undersigned, declare under pena | ty of perjury that I (we) have examined t | | | d statements, and, to the best of my (ou | |
| SIGN HERE | wiedge and belief, it is a true, correct, an | a complete return. Declaration of prepare | er (other than taxpayer) is bas | ed on all information o | of which the preparer has any knowledge | |
| SIGN HERE SIGN HERE | r Signature | Date P | reparer's Signature | | Date | |
| Verify your Social Sport | use's Signature | Date A | ddress | | | |
| Security Number(s) Recheck your math Attach all W-2s. | time Telephone Number This return is due A | | aytime Telephone Number | 1 and 25 above | ldentification Numbe e. 41-080 (9/2/08) \$08 | |

• Attach all W-2s. This return is due April 30, 2009.



IA 1040A Schedule B Interest and Dividend Income

Name(s) as shown on page 1 of the IA 1040A

Social Security Number

Note: You must report all taxable interest and dividends on IA 1040A, even if you are not required to complete Schedule B.

PART I:

INTEREST

You must complete Part I if you received more than \$1,500 in interest in the tax year. Interest income which should be reported includes earnings from savings and loan associations, mutual savings banks, cooperative banks, credit unions, and bank deposits; State and municipal bonds, and interest from tax refunds. Do not report interest from federal securities.

INCOME

Interest Income. List Names of All Payers.

| Name of Payer | AMOUNT |
|---|--------|
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| Total Taxable Interest Income. Add the amounts; enter here and on IA 1040A, line 2. | .00 |

PART II:

You must complete Part II if you received more than \$1,500 in gross dividends in the tax year. Deduct that portion of any net dividend from mutual funds that is attributable to federal securities.

DIVIDEND

INCOME

Dividend Income. List Names of All Payers.

| Name of Payer | AMOUNT |
|--|--------|
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| | .00 |
| Total Taxable Dividend Income. Add the amounts; enter here and on IA 1040A, line 3 | .00 |